

## **Palliative Medicine Rotation for Family Medicine Residents**

### **Preamble**

The Palliative Care Medicine Program addresses issues of pain and symptom management, psychosocial distress, and end-of-life care for the population of Southeastern Ontario. The Program is comprised of Palliative Medicine Physicians and an interprofessional team who provide in-patient consultative services at the Kingston General and St. Mary's of the Lake Hospitals and out-patient consultative services for cancer patients through Palliative Medicine Clinics in the Cancer Centre of Southeastern Ontario. The Program also offers telephone consultation to community physicians throughout the region. Primary palliative care is provided to patients in three Complex Palliative Care beds at KGH, ten designated beds at St. Mary's of the Lake (Palliative Care Unit – PCU), and community patients requiring enhanced palliative skills.

Family Medicine residents have an opportunity to participate in palliative medicine rotations of a minimum of one month, working with the physicians and health care professionals of the Palliative Care Medicine Program. The rotation is organized to allow for a broad exposure to the care of palliative patients. Residents are primarily involved as a member of the KGH Palliative Care Service but also participate in Palliative Clinics in the Cancer Centre and home visits to community patients.

During the rotation, the resident participates in the various clinical and educational rounds with other members of the team and is encouraged to attend additional relevant teaching sessions e.g. Medical Grand Rounds. The resident is responsible for being oncall one night per week and one weekend (Friday, Saturday, Sunday) during the 4-week rotation.

Evaluation of the resident's learning occurs informally throughout the rotation. The formal evaluation, which occurs at the end of the rotation, is a collaborative effort involving feedback from all of the team members with whom the resident has worked. Residents will be evaluated on their assessment and care of patients (both in- and out-patient), relationships with patients, families, and the interprofessional team.

### **The overall goals of the rotation are:**

1. To gain knowledge and skills in the assessment and management of patients with advanced cancer as well as patients facing terminal illness from other diseases (e.g. organ failure, dialysis discontinuation) in a variety of care settings.
2. To gain knowledge and skills regarding the management of common complications of cancer and its treatment as well as those seen in patients with advanced non-malignant disease.
3. To strengthen skills in communicating with patients, families, and other health care professionals regarding palliative care issues.

4. To strengthen skills in collaborating within an interprofessional team.
5. To gain knowledge and skills in providing palliative care consults in both in-patient and out-patient settings.

## **Educational Objectives**

### ***I. Family Medicine Expert***

**Using a patient-centered approach, the Family Medicine resident will, while considering racial, cultural and gender differences:**

#### **FME 1: Demonstrate appropriate assessment of patients with:**

##### **FME 1.3: Chronic conditions.**

Demonstrate the knowledge of classification and neurophysiology of pain.

Demonstrate the use of the standard tools used in symptom assessment.

##### **FME 1.4: Psychosocial conditions.**

Identify and assess psychosocial-spiritual issues in palliative/end-of-life care.

Describe the concept of total pain.

#### **FME 2: Demonstrate appropriate management of patients with:**

##### **FME 2.2: Acute serious illnesses.**

Describe the clinical presentation of opioid neurotoxicity and be able to put a management plan in place to address the problem.

Describe a management plan for urgent/emergent problems in the palliative setting including spinal cord compression, hypercalcemia, superior vena cava syndrome and terminal agitation.

##### **FME 2.3: Chronic conditions.**

Prescribe opioids effectively including initiating dosage, titration, breakthrough dosing, prevention of side effects, monitoring, dose equivalency and opioid rotation.

Demonstrate the ability to address concerns about initiating and using opioids.

Prescribe adjuvant modalities and medication for pain and symptom relief.

Be aware of non-pharmacologic strategies for pain and symptom management.

Demonstrate the ability to develop a management plan that appropriately balances disease-specific treatment and symptom management according to the individual needs of the patient and family.

Develop and implement interprofessional management plans for other symptoms including fatigue, anorexia and cachexia, constipation, dyspnea, nausea and vomiting, delirium, skin and mouth care.

Monitor the efficacy of symptom management plans.

Review and adjust management plans to accommodate the changes that may occur as the end of life approaches.

**FME 2.4: Psychosocial conditions.**

Demonstrate an understanding of the personal, family and social consequences of life-threatening illness.

Understand the value of maintaining hope in the face of reality.

Develop and implement a care plan to address psychosocial-spiritual conditions in collaboration with other disciplines.

Understand the role of the family physician in assessing and managing grief in patients and families.

Demonstrate the ability to provide supportive counselling and resources to those coping with loss.

**FME 3: Manage multiple clinical issues simultaneously through prioritizing and being selective.**

***II. Manager***

**Using a patient-centered approach, the Family Medicine resident will:**

**M 1: Effectively manage their time.**

**M 2: Allocate diagnostic and therapeutic (medications/other health care professionals) resources appropriately.**

Demonstrate an ethical approach to allocating resources concomitant with patient-centered goals of care.

**M 3: Coordinate patient care effectively.**

Determine, record, revise and implement goals of care through effective communication with patient, family and other caregivers.

Demonstrate the ability to manage and/or co-ordinate care of patients across health care settings including the use of appropriate referrals.

Describe models of palliative/end-of-life care and the role of family physicians in the provision of such care.

**M 4: Cope with uncertainty.**

***III. Communicator***

**Using a patient-centered approach, the Family Medicine resident will effectively communicate, while considering racial, language, cultural and gender differences and:**

**COM 1: Develop rapport and trust in a therapeutic relationship.**

Demonstrate the ability to show compassion and respect.

Demonstrate the ability to work with patients and families to establish goals of care.

**COM 2: Demonstrate a common understanding and plan of care with patients and families.**

Communicate information about the illness effectively including bad news.  
Initiate and conduct effective patient and family meetings.

**COM.3: Elicit information appropriately from other sources (family and professionals).**

Demonstrate understanding of confidentiality and capacity issues.

**COM 4: Use effective written and oral communication for collaborative care (consulting skills, team-based care).**

**COM 5: Effectively present verbal reports of clinical encounters and plans.**

**COM 6: Maintain clear, accurate and appropriate written records.**

***IV. Collaborator***

**Using a patient-centered approach, the Family Medicine resident will:**

**COL 1: Participate collaboratively in a team-based model.**

Demonstrate interprofessional palliative care in formal and informal teams across various settings.

**COL 2: Maintain a positive working environment.**

**COL 3: Involve patients and families as appropriate to optimize patient care.**

***V. Health Advocate***

**Using a patient-centered approach, the Family Medicine resident will, while considering racial, cultural, and gender differences, be able to:**

**HA 1: Advocate in response to patient health needs and/or those of a community.**

Demonstrate the ability to define the elements of and attend to suffering in palliative and end-of-life care for patients, families and caregivers.

***VI. Professional***

**Using a patient-centered approach, the Family Medicine resident will, while considering racial, cultural and gender differences, be able to:**

**P 1: Demonstrate respect for patients.**

Ensure the privacy and dignity of the patient.

Demonstrate integrity and honesty in the care of patients and their families.

**P 2: Demonstrate respect for colleagues.**

**P 3: Demonstrate knowledge of his/her own strengths and limitations.**

Demonstrate self-awareness and self-care in caring for terminally ill patients.

**P 4: Balance personal and professional priorities.**

**P 5: Demonstrate commitment to ethical practice.**

Demonstrate an ethical approach when discussing issues involving caring for the terminally ill and their families including euthanasia, consent and capacity, physician assisted suicide, principle of double effect, and palliative sedation.

***VII. Scholar***

**Using a patient-centered approach, the Family Medicine resident will:**

**S 1: Demonstrate self-directed learning based on reflective practice.**

**S 2: Critically evaluate medical information and apply this to practice.**

Demonstrate an evidence-based decision making approach in their practice of caring for dying patients and those living with life-threatening illness.

**S 3: Facilitate the education of patients, families, and other team members.**

Educate patients and family about palliative/end-of-life care issues and pain and symptom management.